



Government of the
District of Columbia
Office of Tax and Revenue

**FR-900B: 2001 Employer Withholding
Tax-Annual Reconciliation**



01900021000

FEDERAL EMPLOYER I.D. NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERIOD ENDING (MM/DD/YY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE ONLY

BUSINESS NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MAILING ADDRESS LINE 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MAILING ADDRESS LINE 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ZIP CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. D.C. INCOME TAX
WITHHELD THIS YEAR PER
W-2s

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. TOTAL WITHHOLDING TAX
PAID TO D.C. THIS YEAR PER
FORMS FR-900M OR FR-900A

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. ADDITIONAL
TAX DUE (If Line 1
is more than Line 2)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. PENALTY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. INTEREST

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. TOTAL DUE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. OVERPAYMENT
(If Line 1 is less
than Line 2)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mail this return separately from your monthly or annual return.

This return is due January 31st of each year or within thirty (30) days of your final payroll.

TAXPAYER NAME : _____

FEDERAL EMPLOYER I.D. NUMBER : _____



01900022000

EMPLOYER'S D.C. WITHHOLDING TAX RECONCILIATION

EXPLANATION:

MONTHLY PAYMENTS (Annual filers use Line 13)

	Date Paid	Tax Paid	Penalty	Interest	Total Amount Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
TOTAL FOR THE YEAR					

TAXPAYER NAME : _____

FEDERAL EMPLOYER I.D. NUMBER: _____

TAXPAYER NAME : _____

FEDERAL EMPLOYER I.D. NUMBER: _____



00900023000

**PLEASE
SIGN
HERE**

CERTIFICATION: I hereby certify under penalty of law, including criminal penalties for false statements under D.C. Code 22-2514, that this return, to the best of my knowledge and belief, is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all the information available to the preparer.

TAXPAYER'S SIGNATURE

TITLE

DATE

TELEPHONE NUMBER OF PERSON TO CONTACT
 - -

TELEPHONE NUMBER OF PERSON TO CONTACT

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

TELEPHONE NUMBER OF PERSON TO CONTACT

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

**PAID
PREPARER
ONLY**

PREPARER'S SIGNATURE (If other than taxpayer)	DATE
FIRM NAME	
FIRM ADDRESS	

PREPARER'S SIGNATURE (If other than taxpayer)	DATE
FIRM NAME	
FIRM ADDRESS	

PREPARER'S SSN OR PTIN								
PREPARER'S		FEDERAL EMPLOYER I.D. NUMBER						

PREPARER'S SSN OR PTIN								
PREPARER'S		FEDERAL EMPLOYER I.D. NUMBER						

PREPARER'S FEDERAL EMPLOYER I.D. NUMBER

PREPARER'S FEDERAL EMPLOYER I.D. NUMBER

FIRM ADDRESS

Mail this return with W-2 forms to: D.C. Office of Tax and Revenue, 6th Floor, 941 North Capitol St., N.E., Washington, D.C. 20002.

Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID Number, "FR-900B" and tax year on your payment.